

Helping People Live Between Office Visits: An Interview with Bernie Siegel, MD

Sheldon Lewis, Editor in Chief

Bernie Siegel, MD, was born in Brooklyn, New York, and attended Colgate University and Cornell University Medical College. Dr Siegel trained as a surgeon at Yale New Haven Hospital, West Haven Veteran's Hospital, and the Children's Hospital of Pittsburgh. He was an assistant clinical professor of surgery in general and pediatric surgery at Yale University School of Medicine. In 1978, Dr Siegel founded Exceptional Cancer Patients (ECaP) using a group therapy approach aimed at personal empowerment, transformation, and lifestyle changes. He is the best-selling author of Love, Medicine and Miracles (HarperCollins, 1986); Peace, Love, and Healing: Bodymind Communication and the Path to Self-Healing (HarperCollins, 1989); and How to Live Between Office Visits (HarperCollins, 1992), among others. He retired from Yale in 1989 to continue to write and speak to patients and their caregivers. Dr Siegel recently spoke with the editor in chief of Advances, Sheldon Lewis.



Advances: First of all, you were trained as a surgeon and practiced as one for many years. What led you away from surgery toward working with the spiritual and psychological dimensions of health?

Dr Siegel: I think that it is from an inadequacy in medical training that you get a lot of information but not an education in terms of how to take care of your patients and yourself. This latter relates to feelings—not just treating diseases, but also what the experience of being ill is like. To make a long story short, what changed me was going to workshops that I thought were designed for physicians but were filled with patients and no doctors, except me. One of my patients was at one of these workshops and just turned to me and said, “You’re a nice guy. I feel better when I’m in the office with you, but I can’t take you home with me, so I need to know how to live between office visits.”

That reoriented my whole focus because we’re not asked when we go to medical school why we want to be doctors. In a sense, what you put on the application is intended for those who read it so that they will be happy with you. But if you really look at

what is going on in your heart, why are you becoming a doctor? For some people, it’s a totally mechanical undertaking. They are fascinated by the human body, but I like people.

There are a lot of spiritual and philosophical issues involved in medicine. Why would God create a universe with children who are deformed, get cancer, and suffer? You just look at all this and say, “None of it makes sense.” And there was no place in medicine to talk about it.

Advances: So the workshops you attended long ago were designed for patients?

Dr Siegel: Yes, the patients were there to learn how to cope with and deal with their diseases and to be empowered as they were facing life-threatening illnesses. It seemed natural to me that every doctor would want to go there to be able to teach their patients these things, but the doctors were not there. Maybe a couple of psychotherapists were there, but there were no oncologists, surgeons, internists, or pediatricians—only those who were professionally interested in the emotional aspects were there. But for myself, I learned a lot.

Then I sent out flyers to our patients telling them that I was starting a support group to help them live longer, healthier lives. I was expecting hundreds of people to show up. I mean it. You send out 100 letters to people saying, “Let me help you live a longer, better life,” and my expectation was that they would show up with all their neighbors and relatives because everybody does want that. Well, everybody doesn’t, I learned. Less than a dozen women showed up.

It taught me that I really need to know my patients and their will to live and a whole host of other things. From there, the process went on. I worked with Elisabeth Kübler-Ross trying to learn how to cope with loss. She was into a very spiritual world.

Advances: How did this affect your work?

Dr Siegel: I started talking to anesthetized patients and also patients who “died” on the table, for example, those who literally had cardiac arrests. I would say, “It’s not your time. Come on

back.” People would think I was nuts, but things happened. Somebody’s heart would start beating again after I said something crazy like that out loud in the operating room.

What I learned was, number 1, I was comfortable with myself and what I was doing, so I wasn’t worried about what other people thought. I also learned that it didn’t work to tell people what I knew. We got into arguments over the statistical validity and “Where did you read that?” and “What journal was it in?” But when I did things that worked, then everybody else started doing them, and they became hospital policy.

Advances: Specifically, what things did you do that worked?

Dr Siegel: Don’t forget, this goes back to the 1970s. For instance, when I walked into the operating room (OR) with a tape recorder to create background music for the patients, the nurses and anesthesiologists in the OR said to me, “You’re an explosion hazard. You cannot bring that in here.” So I used batteries, but a week later, nobody told me I was an explosion hazard because everybody was happy to work with me and listen to the music and go home feeling better.

Years later, I was asked to present grand rounds to anesthesiologists, and the anesthesiologist who introduced me said, “We thought he was nuts. He was talking to patients who were anesthetized”—which was considered to be a sign that they weren’t actually well-anesthetized. The chief of anesthesiology said, “I know this patient is well-anesthetized, so he”—meaning *me*—“must be crazy.” But then they learned that people who were, in fact, anesthetized heard me, literally repeating things that were said in the operating room after they woke up. One lady came out of the anesthetic and said, “Can you tell me how the joke ended?” The anesthesiologist said, “What are you talking about?” She said, “You told a joke, and I didn’t hear the end of it.” That woke the anesthesiologists up to the fact that this is no joke.

I was learning how to communicate with patients, too, from people like hypnosis pioneer Milton Erickson, MD, and from a book called *My Voice Will Go With You* [Norton, 1982] by Sidney Rosen, MD, about the importance of learning how to use metaphors in talking to patients. For instance, think of going into the operating room and somebody saying to you, “You’ll be going out.” You could interpret that as, “I’ll be totally out of control.” If someone said that then I would say something like, “Hey, when was the last time you went out on a date?” Then people would smile and would have pleasant memories about “going out.” It could be something as simple as that.

Advances: It sounds like, in a sense, you were experimenting. You were trying different approaches with your patients.

Dr Siegel: I was sharing what I had learned from others such as Erickson and Kübler-Ross, and I wasn’t afraid to be different from

those around me. But what was really different was that I was a surgeon, and surgeons don’t act that way. In contrast, Norman Cousins, who was a professional editor and author, was not a threat to doctors because he was not a doctor. He had an experience with Vitamin C and laughter, and they could say, “Oh, that’s an anecdote.” But, if Siegel would get up and say the same thing, it really was confrontational because he had an MD after his name.

Advances: Since you were a pediatric and general surgeon, did you try these approaches with children?

Dr Siegel: Believe me, I learned the power of my words with the kids because I was an authority. If I said to a child, “You’re going to go to sleep when you go into the operating room,” I had kids falling asleep going into the room. That’s when I began to learn just how powerful my words were.

Even when people were anesthetized, I have straightened out cardiac arrhythmias and stopped bleeding by asking patients to do things or by telling them they’re on a nice swing with a steady rhythm, and boom! the heart goes back to a normal rhythm.

Now, there are boom boxes in every operating room, and everybody’s playing music and talking to anesthetized patients. The other interesting thing is when you’re doing something different and people say, “Where’s your research?” You have a problem because in the early years, nobody supports your research. Years later, money has been spent showing that music makes a difference in the operating room, showing that if you talk to patients and use some hypnotic, guided imagery before surgery, they do better than patients who just talk about their feelings before surgery. So now all of these things have become “scientific.”

What you also learn is that there is survival behavior, that there are some patients who do better than others. I had to laugh at an article on malignant melanoma, which stated that women with the same stage and site of melanomas live longer than men. The author goes on to say that it must be that estrogen and progesterone are in some way protecting them. To me, that’s where the absurdity comes in. My comment is: Married men live longer than single men who have the same cancer and smoke as much—and they have less lung cancer than the single men. So by that same logic, you could say sleeping with estrogen and progesterone must be protecting married men—rather than saying, “What about relationships and connections, and what role do they play in our lives?”

The celebrated poet W.H. Auden wrote a wonderful poem called “Miss Gee.” It’s about a lonely woman who develops cancer. The doctor examines her in the office, goes home, and says to his wife over dinner,

“Childless women get it.
And men when they retire;
It’s as if there had to be an outlet
For their foiled creative fire.”¹

*One lady came out
of the anesthetic
and said, “Can
you tell me how the
joke ended?”*

He's talking about cancer. When you read books written before the use of chemotherapy, people talk about growth gone wrong in people's lives. But I was blamed for suggesting that people's emotions were related to their illness. People said, "Oh, you're telling me it's my fault," "You're blaming the patients."

Advances: You were criticized for suggesting that certain attributes lead to survival and that people who don't possess them will have a poorer prognosis?

Dr Siegel: One of the questions in one of my books was, "What's happened the last year or two in your life?" That's when people said, "Oh, you're blaming me for getting sick."

Bruce Lipton, PhD, the geneticist who wrote *Biology of Belief* [Mountain of Love/Elite Books, 2005] is basically saying scientifically what I say socially and psychologically. He is saying that the genes don't make the decision of how well someone does. It's the environment within the cell and the nucleus that pulls the gene out. He says the genes are only blueprints, and *the blueprint doesn't decide what your final house is going to be like*. Why? Because *you* pick a blueprint. It is your choice. In the body, the gene is also selected. Twins don't get the same disease the same day. If you look at their lives, you see why one may develop cancer or some other problem and the other one is fine at that time. New studies are showing how loneliness and optimism and laughter affect our genes too.

Advances: You were also attacked for having asked, "Why do you need this disease?"

Dr Siegel: I asked, "How do you *benefit* from your disease?" What I was saying is, it's like when you don't go to work, what do you get—a health day or a sick day? If your kids don't want to go to school, what do they do?

Advances: They say they don't feel well.

Dr Siegel: I learned that from our 5 kids. I gave them health days. I said, "If you don't want to go to school, just come into the kitchen and say, 'Dad, I'm taking a health day.' I don't need to know reasons; no excuses." Why did I do that? So, they didn't have to come in with, "Oh, my head is hot, and I'm going to throw up." They learned, "I don't have to get sick to skip a day of school or do whatever I want to do."

Here's another example. When I would see people in the office, I literally had something that I labeled "Siegel's sign": A family comes in. Five people look terrible, and one looks well. Who do you think has the disease?

Advances: The one who looks good?

Dr Siegel: In this scenario, the patient is manipulating everybody in the family. The patient's got them up day and night. I don't make up these stories or quotes. One woman's sister said to me, "We hired a nurse because we're exhausted. My sister gets up in the middle of the night. But even after we hired the nurse, she lets the nurse sleep and wakes me up." When that woman died, that family was a disaster. They suddenly had all this time they didn't know what to do with. It took them years to get their lives back together.

So when I ask, "How do you benefit from an illness?," my comment is, "You don't need the illness in order to benefit." Another way that I've learned to do this is ask people, "What is it like to experience this illness? What words would you use to tell me what you're feeling?" A lady with a urinary tract infection said, "It's very draining." Then she said, "Oh, thank you." And she got up and left. A woman with a migraine headache said, "It's like a burden, like pressure." She literally was going to be admitted to the hospital. Within 15 minutes, the headache was gone, and it was her marriage that we ended up talking about.

By helping people look at those things, in a sense they create happy depressions. In the same way that you use hunger to prompt you to nourish yourself, you can use your disease, your symptoms, your feelings to prompt you to nourish your life.

Advances: One of the criticisms leveled at you and this approach is that you are suggesting that people can wish away their illness and that if patients' conditions do not improve, that it is somehow their fault or based on some inadequacies on their part.

How do you respond to that?

Dr Siegel: I say, "Read Solzhenitsyn's book *Cancer Ward*" [Harper & Row, 1968]. Here's a guy who's had cancer. He's been there. He's a "native," not a "tourist"—those are words of one of my cancer patients. In this book, the guys are sitting around the cancer ward, and one of them picks up this medical book and says, to paraphrase, "Oh, look, it says here that there are cases of self-induced healing—not recovery through treatment, but actual healing, see." "It was as though self-induced healing. . . floated out of the great, open book like a rainbow-colored butterfly for everyone to see and they all held up their cheeks for its healing touch as it flew past. Only the gloomy Podduyev with a hopeless and obstinate expression on his face, croaked out, 'I suppose for that you need a clear conscience.'" When I read this, the thing that hit me was where did he come up with the term "self-induced healing"? The guy doesn't say, "Look, there are cases of spontaneous remission or miracles." It is "self-induced healing." His symbolism also was beautiful. The butterfly is a symbol of transformation, and the rainbow. . . every color literally is an emotion when you're asking people to draw. He's got a rainbow, and so everything's in order.

I don't make up these stories. You have cancer, you close your law office, and you play your violin, which your parents couldn't be proud of your doing. A year later, you've got a job in an orchestra, and you're still alive—not dead. What I see is, when you begin to enjoy living, you also prolong your life.

I write and talk a lot about my landscape gardener friend who was about to retire when he developed cancer. I operated on him for carcinoma of the stomach when he was in his seventies. I couldn't cure him. He refused further treatment because it was springtime, and he wanted to make the world beautiful. So instead of retiring, he went home and started making the world beautiful again and lived to 94. When did he finally let go and die? After his wife died.

Those are the patients who began to teach me. I met many of them thinking they were as good as dead. Then sometimes, I give a talk at a church or at a school, and someone will come up to me and say, "Hey, remember me?" I go back to the office and look at his chart, and everybody was saying he would be dead in a few months. But he's standing around 5 years later, saying, "What was the point of going back to the hospital? Everybody was telling me I would be dead." All these people went home and didn't deny their mortality.

Advances: What else do you feel these people have in common?

Dr Siegel: I literally look for the word *inspiration*. When people call me up and say, "Oh, you inspire me," I know they've got inspiration in them. They're accrediting it to me, but I can't put it there. As a coach, I'm thrilled to have somebody who has inspiration.

I stopped operating because the audience changed. Healthcare professionals began to listen to me. I thought, I can help a lot more people if I talk to a few hundred medical students than operate on 1 patient.

If you ask medical students and doctors to draw themselves working as doctors, would you believe that some drawings have no human beings in the picture? They really don't. They have computers, medication, pills, books, and no human beings. Most have a person sitting at a desk with a diploma over his or her shoulder, but it's a rare drawing by a medical student or doctor that shows someone treating a human being—not touching someone with a stethoscope or an instrument—but touching someone as a human being.

When you ask some patients to draw their treatments, you can see that there is a big difference between intuition and intellect. As a patient, your intellect may say, "Oh, the doctor said I should take this chemotherapy, and I will." But when I look at your drawing, you have drawn the treatment as the devil giving you poison. You are wondering, "Why am I having all these side effects?" In contrast, I've seen somebody else come in and say, "I

hate chemotherapy; it's poison; I don't want it." But that person draws a gorgeous picture of it.

So I say to the person who drew the beautiful picture, "You really ought to go and get the chemotherapy. You know intuitively it's good for you. You're not afraid of what you hear about side effects from the doctor." I say to the other person, "Look, you're in conflict. You've got to get this straightened out. Either don't have chemotherapy or change what's going on within you and have it, but accept it and stop being in conflict and having side effects when you're on the way to the office."

George Solomon, MD, the psychiatrist who was working with AIDS patients years ago, came up with what he called the "immune competent personality"—what I used to call "the survivor." He had a list of questions that looked at meaning in your life:

expressing appropriate anger; saying *no* to things you don't want to do; asking for help; playing in your life; not letting people prescribe to you but making your own decisions; using your feelings; and not living a role. That's what I'm looking for in people.

Advances: What is the current direction of your work?

Dr Siegel: The thing I would most like to get out in the world now is the display of somatic aspects that can be accessed through images, drawings, and dreams. I work with drawings, a technique that I learned from Elisabeth Kübler-Ross. For example, I'll say to people, "Draw yourself in the operating room." This one lady drew herself on an operating table with only 2 legs. There was a black box, and there was nobody there. I said to her, "Go home. Visualize 4, 5, or 6 times a day going to the hospital, having successful surgery, being well cared for, and then going home." A week later, she drew this beautiful picture. There were now 4 legs on the table. The doctors and her family were there, and God was shining in the operating room. It's a beautiful picture. Everybody is in the same color, as if they are all 1 team taking care of her. You can see how her concept of the operation has changed in a very therapeutic way. Now when she goes to the operating room, it is not that nobody cares and she's all alone. It's that this team is there.

The concept I used in one of my books, *Help Me to Heal* [Hay House, 2003], was to think of your team as an orchestra. You are the leader of the orchestra, so you put together your team, your musicians. And then, they play your song.

Reference

1. Auden WH. Miss Gee. *Collected Poems*. Edward Mendelson, ed. New York, NY: Modern Library; 2007: 159.

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